

FORM TO BE USED BY A PRISONER IN FILING A COMPLAINT UNDER THE
CIVIL RIGHTS ACT, 42 U.S.C. § 1983, WITH JURISDICTION
UNDER 28 U.S.C. § 1343

U.S. DISTRICT COURT
DISTRICT OF MAINE
BANGOR
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UNITED STATES DISTRICT COURT
DISTRICT OF MAINE

DEPUTY CLERK

Wai Chan
[Enter above the full name of
the plaintiff in this action]

v.

Docket no.

Maine State Prison
Department of Corrections

[Enter above the full name of
the defendant(s) in this action]

1. Previous Lawsuits

1. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment? Yes [] No [✓]

2. If your answer to "A" is yes, describe the lawsuit in the space below.
[If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline]

1. Parties to this previous lawsuit

Plaintiff(s) _____

Defendant(s) _____

2. Court [If federal court, name the district; if state court, name the county]

3. Docket number _____

4. Name of judge whom case was assigned _____

5. Outcome [for example: It is still pending? Was it dismissed? Was it appealed] _____

6. Approximate date of filing lawsuit _____

7. Approximate date of outcome _____

II. Place of present confinement _____

A. Is there a prisoner grievance procedure in this institution?
Yes [] No [✓]

B. Did you present the facts relating to your complaint in the state prisoner grievance procedure? Yes [] No [✓]

C. If your answer is "Yes"

1. What steps did you take? _____

2. What was the result? _____

III. Parties

[In item "A" below, place your name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.]

A. Name of Plaintiff Wai Chan

Address 20 Portland st STE 1 Portland, ME 04101

[In item "B" below, place the full name of the defendant in the first blank, his official position in the second blank, and his place of employment in the third blank. Use item "C" for the names, positions, and places of employment of any additional defendants.]

B. Name of Defendant Maine State Prison Department of Corrections

Position _____

Address 807 Cushing Road Warren, Me 04864

C. Additional Defendant(s) _____

IV. Statement of Claim

[State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Use as much space as you need. Attach extra sheet if necessary.]

When I was released from Maine state Prison, The state of maine department of ~~Maine~~ corrections gave me incorrect identity verification information, which prevented me from applying for drive license, a social card and Green card. department of corrections refused ~~me~~ I asked for the right identity verification information, my Preble street caseworker Requested department of corrections Correct the error. They refused do That. I can't work and homeless now

22. Relief

[State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.]

I need the help of the court to get the correct identity verification information, compensation for my monetary loss.

Wai Chan
Signature of Plaintiff

Signed this 10 day of 19, 2020

I declare under penalty of perjury that the foregoing is true and correct.

10-19/2020
Date

Wai Chan
Signature of Plaintiff